

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/018977

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
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33		/	/	/		
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35		/	/	/		
36		/	/	/		
37		/	/	/		
38		/	/	/		
39		/	/	/		
40		/	/	/		
41		/	/	/		
42		/	/	/		
43		/	/	/		
44		/	/	/		
45		/	/	/		
46		/	/	/		
47		/	/	/		
48		/	/	/		
49		/	/	/		
50		/	/	/		
TOTAL IND.	5		5		5	
TOTAL DEP.	34		34		34	
TOTAL CLAIMS	39		39		39	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		/
52		/		/		/
53		/		/		/
54		/		/		/
55		/		/		/
56		/		/		/
57		/		/		/
58		/		/		/
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97		/		/		/
98		/		/		/
99		/		/		/
100		/		/		/
TOTAL IND.	5		5		5	
TOTAL DEP.	34		34		34	
TOTAL CLAIMS	39		39		39	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS